

City of Waltham

CITY OF WALTHAM
CITY CLERK'S OFFICE

Jeannette A. McCarthy
Mayor

2024 SEP -3 AM 11:34

September 3, 2024

RECEIVED

TO: The City Council

RE: Proposal for North Nurses Located at 190 Trapelo Road

Dear Councillors:

Enclosed please find a proposal for North Nurses.

I am available to answer any questions you may have regarding this proposal. Thank you.

Sincerely,

Jeannette A. McCarthy

JAM/sm

enclosure

LEASE OF NORTH NURSES BUILDING – HOUSING FOR DISABLED ADULTS 22 AND ABOVE (Built 1904, 17,190 Sq Ft.)

RESPONSE– OPPORTUNITIES FOR INCLUSION (Score 22 out of 30)

PROPOSED USE:

- Urgent Need for affordable housing for adult individuals with intellectual developmental disabilities (I/DD) who are unable to live with their families.
- Non-discriminatory approach : plan is for housing for a wide variety of disabilities; physical, visual and hearing.
- Multiple Accessible living options would be developed to maximize use of space:
 - Single Room / Studio
 - Room for Two Individuals living as Roommates
 - 1 or more Individual living with Caregiver
 - Some Units will have Kitchenettes
 - Access to ADA Bathrooms
 - Large Common Areas – Dining, Family, Meal Prep, Socializing etc.
- Opportunities for Inclusion goal is to enable individuals w/ disabilities to live in community of choice and enjoy quality life and participate.
- Opportunities for Inclusion will offer onsite support groups and transition groups for individuals will be offered as well.

PROPOSED IMPROVEMENTS:

- Letter of Financial Support provided by Salem Five Bank.
- The lack of Site Visit made it difficult to provide complete Renovation Plan, Financial estimate, assessment or breakdown of facility
- They have experience in renovating Historic Buildings with the City's Assistance – 58 and 46 Chestnut Street. Will work closely with WHC and CPC for funding assistance.
- Opportunities for Inclusion plan is to develop/implement new or enhanced innovative models of affordable housing to support individual choice.
- Opportunities for Inclusion plan to provide high-quality, person-centered services to support individuals with disabilities given a safe, meaningful, enjoyable living experience
- Opportunities for Inclusion has admitted they would need to hire a Construction Manager and architect to fully provide an estimate for what is needed.

CONCERNS/QUESTIONS:

- Concerns of Opportunities for Inclusion securing funds on a Scale of this size (10 mil reno?)
- ADA Parking will need to be addressed for easy access in and out for day programs.
- Will City supply Security for the Site to ensure safety of residents?
- Roadways and Utilities to the Building will have to be renovated before Building is usable.
- Will Units have Waltham residents priority or a percentage of?
- Will an Environmental Review be needed before renovations?
- Zoning for Section III- Conservation/Recreation does not allow the proposed use.
- Team discussed the possibility of allowing OFI to visit site solo and then provide city an updated proposal for their "proposed use".
- No discussions or representation as to how they will operate their facilities (similar to the Caritas Group Proposal)

Lease of North Nurses Building
City of Waltham

Project:

Lease of North Nurses Building

Date: 8/26/2024

	Reviewer				Total Score (max 30)
	J. Millian	B. Bower	J. LaCrosse	Average	
Opportunities for Inclusion	7	8	7	7.3	22.0

Consultant Selection Qualifications - Ranking Form
City of Waltham -

Project: Lease of North Nurses Building Scorer: Don Millin Date: 8/21/24

	Opportunities for Inclusion				
Proposed Use (33 1/3%)	5				
Proposed Improvements (66 2/3%)	2				
TOTAL SCORE	0	0	0	0	0

Scoring System: Highly Advantageous
Advantageous
Not Advantageous
Unacceptable

Score all areas from 1 to 5. 5 is high score

NORTH NURSE

190 TROPELO RD

OPPORTUNITIES FOR INCLUSION

USE

HOUSING FOR ADULTS WITH DISABILITIES

I BELIEVE THIS WOULD BE A GREAT PROGRAM FOR THIS FACILITY.

AFFORDABLE HOUSING FOR INDIVIDUALS WITH DISABILITIES.

THOSE WITH PHYSICAL, VISUAL AND HEARING.

MULTIPLE ACCESSIBLE LIVING OPTIONS. SINGLE ROOMS / ROOMMATES /

LIVING WITH CAREGIVER / KITCHENS ETC.

MANY SUPPORT GROUPS / TRANSITION PROGRAMS

LARGE COMMON AREAS TO SOCIALIZE WITH INDIVIDUALS.

LARGE RECREATION AREAS THAT THEY CAN GO OUTSIDE.

- THEIR AIMS TO ACHIEVE SOUND GREAT FOR THE PROGRAM.

PROPOSED IMPROVEMENTS

DESIGN DEVELOPMENT OF MULTIPLE LIVING OPTIONS WOULD BE A GREAT ASSET FOR THIS DIFFERENT TYPE OF INDIVIDUALS.

WITHOUT SEEING THE BUILDING AND PROPERTY IT IS HARD TO ASSESS THE COST.

FOR FINANCING THE DEVELOPMENT SEEKING PARTNERSHIP WITH (CIL) OF HANDED.
BONDS AND LOANS THROUGH MASS DEVELOPMENT, SALEM FIVE AND OTHER
FINANCIAL SERVICES ORGANIZATIONS?

Consultant Selection Qualifications - Ranking Form
City of Waltham -

Project: Lease of North Nurses Building Scorer: Jim Lucase Date:

	Opportunities for Inclusion				
Proposed Use (33 1/3%)	4				
Proposed Improvements (66 2/3%)	3				
TOTAL SCORE	0 7	0	0	0	0

Scoring System: Highly Advantageous
Advantageous
Not Advantageous
Unacceptable

Score all areas from 1 to 5. 5 is high score

LEASE OF NORTH NURSE BUILDING

BUILT: 1904

08/12/24

190 TRAPELO ROAD

SQFT: 17,190

NO ASBESTOS

GOOD CONDITION

OPPORTUNITIES

for Inclusion

1) Proposed Use

4

- HOUSING FOR ADULTS WITH DISABILITIES
- THIS WILL BE A NON-DISCRIMINATORY APPROACH - PLAN FOR HOUSING OF INDIVIDUALS WITH A WIDE VARIETY OF DISABILITIES
- AFFORDABLE HOUSING FOR INDIVIDUALS WITH DISABILITIES WHO ARE LOW INCOME
- RENOVATION OF ENTIRE BUILDING TO PROVIDE APPEALING ATTRACTIVE & AFFORDABLE HOUSING OPTIONS
- VARIOUS ON-SITE SUPPORTS ARE AN OPTION FOR SOME INDIVIDUALS NO LONGER ABLE TO LIVE WITH THEIR FAMILIES
- MULTIPLE ACCESSIBLE LIVING OPTIONS WOULD BE DEVELOPED TO MAXIMIZE USE OF THE SPACE
 - SINGLE ROOM / STUDIO
 - ROOM FOR TWO INDIVIDUALS LIVE AS ROOMMATES
 - 1 OR MORE INDIVIDUALS LIVING W/ CAREGIVER
 - SOME UNITS WILL HAVE KITCHENS
 - ACCESS TO ADA RESTROOM
 - COMMON AREAS;

DINING, FAMILY, MEAL PREP, SOCIALIZING

OF! OVERALL GOAL IS TO ENABLE INDIVIDUALS W/ DISABILITIES TO LIVE IN THEIR COMMUNITY OF CHOICE, ENJOY QUALITY LIFE, PARTICIPATE

Proposed Improvements

3

- Develop/implement new or enhanced innovative models of affordable housing to support individual choice
- Provide innovative, high quality, person-centered services to provide supports to individuals w/disabilities given them a safe, meaningful, enjoyable living experience
- Develop area to support respite programs + services to offer relief to caregivers
- Recruit + retain staff members in innovative ways
- OFI has experience renovating Historical Buildings
 - 58 Chestnut Street
 - 46 Chestnut Street
- Worked closely working with Waltham Historic Commission
- Plan to work closely w/ WHC + CPC to assure Funding + acceptable renovations to the building
- Term of the lease is 20-30 years
 - At nominal FCB
- * No building Plans, layout, Financial Estimate, assessment or breakdown of the Facility
- Not certain of Financial stability after than the Letter of Support from Salem Five

Consultant Selection Qualifications - Ranking Form
City of Waltham -

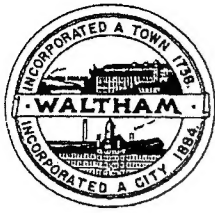
Brian Bower

Project: Lease of North Nurses Building Scorer: 8 Date: 7-16-24

	Opportunities for Inclusion			
Proposed Use (33 1/3%)	<u>5</u>	<u></u>	<u></u>	<u></u>
Proposed Improvements (66 2/3%)	<u>3</u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
	<u></u>	<u></u>	<u></u>	<u></u>
TOTAL SCORE	0	0	0	0

Scoring System: Highly Advantageous
Advantageous
Not Advantageous
Unacceptable

Score all areas from 1 to 5. 5 is high score



Brian Bower
Waltham Building Department
Acting Chief Inspector of Buildings

CITY OF WALTHAM MASSACHUSETTS

LEASE OF NORTH NURSES BUILDING

Proposed lease 5 points

- There is an urgent need for affordable housing for individuals with disabilities
- The proposed site and location is a great location for this use

Proposed Improvement 3 Points

- Letter of support from Salem Five
- Lack of a site visit does not give a full understanding of renovation costs
- I question if they can secure the funds to complete the renovation, possible \$10m
- Preserving the historical significance of the building while renovating the interior
- No mention of parking area

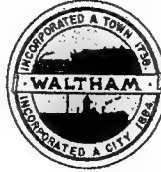
Brian Bower

RECEIVED
PURCHASING DEPT.

City of Waltham
Waltham, Massachusetts
Purchasing Department

2024 JUL -1 PM 3: 03

Crystal Philpott
Purchasing Agent



610 Main Street
Waltham, MA 02452
Tel: 781-314-3244

TRANSMITTAL / RECORD RECEIPT OF BID

The bid and/or proposal for the following solicitation:

**Lease of Various Buildings at 190 Trapelo Road –
North Nurses Building**

Date of Bid Opening: **Tuesday, July 2nd, 2024 at 10:00AM**

Was received by the City of Waltham Purchasing Department on the date and time stamped.

Company: **Opportunities for Inclusion**

City / Town: **Waltham, MA**

Crystal Philpott
Purchasing Agent



OPPORTUNITIES for INCLUSION

Where Everybody is Somebody

Formerly GWArc

***Celebrating
67 Years!***

Established
1956

*For people with intellectual
and developmental disabilities*

Gabriel Vonleh, MHA
President &
Chief Executive Officer

56 Chestnut Street
Waltham, MA 02453

781-899-1344

781-899-8555 TDD

OppsforInclusion.org



Chair

Siobhan O'Connell

Vice Chair

Michael Kennen

Treasurer

Kaitlyn Riley

July 1, 2024

Secretary

Kathy Horrigan

Crystal Philpott
Purchasing Department
Waltham City Hall
610 Main Street
Waltham, MA 02452

Board of Directors

Juanita Allen

Wesley Cosby

Kevin Douglas

Harvey Fisher

Brandon Hagopian

Dennis Johnson

Anthony McPherson

Seton Murphy

Ronald H. Nix

Nicolas Pavone

Ed Sauerwald

Kristina Smith

Emma Williams

Dear Ms. Philpott,

Enclosed please find Opportunities for Inclusion's Proposal for Lease of the North Nurses Building and a Portion of Land at the Former Fernald State School, located at 190 Trapelo Road, Waltham, MA.

As stated in Addendum No. 4 for the Lease of North Nurses Building RFP, the due date for this proposal was extended to July 2, 2024.

Thank you for your consideration of our proposal.

Immediate Past

President

Gerard Cosby

Sincerely,

Honorary Trustees

John Battaglini

(deceased)

Arthur DeVincent

(deceased)

Robert Donoghue

Jean Poirier Foster

Russ Malone

(deceased)

Anthony Mangini

Frederick Tortola

(deceased)

Gabriel Vonleh, MHA
Chief Executive Officer



Opportunities for Inclusion is Accredited
By the Commission on Accreditation
of Rehabilitation Facilities.



Opportunities for Inclusion, Inc. is a private
501(c)(3) nonprofit organization. We are an
affiliate of The Arc of the U.S. and Arc of MA.

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

The undersigned party to a real property transaction with a public agency hereby discloses and certifies, under pains and penalties of perjury, the following information as required by law:

- (1) REAL PROPERTY:
North Nurses Building and a Portion of Land at the Former Fernald State School, located at 190 Trapelo Road, Waltham, MA
- (2) TYPE OF TRANSACTION, AGREEMENT, or DOCUMENT:
Lease
- (3) AGENCY PARTICIPATING in TRANSACTION:
City of Waltham Purchasing Department, 610 Main Street, Waltham, MA 02452
- (4) DISCLOSING PARTY'S NAME AND TYPE OF ENTITY:
Opportunities for Inclusion, Inc.
- (5) ROLE OF DISCLOSING PARTY (Check appropriate role):

<input type="checkbox"/> Lessor/Landlord	<input checked="" type="checkbox"/> Lessee/Tenant
<input type="checkbox"/> Seller/Grantor	<input type="checkbox"/> Buyer/Grantee
<input type="checkbox"/> Other (Please describe): _____	
- (6) The names and addresses of all persons and individuals who have or will have a direct or indirect beneficial interest in the real property excluding only 1) a stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation or 2) an owner of a time share that has an interest in a leasehold condominium meeting all of the conditions specified in M.G.L. c. 7C, s. 38, are hereby disclosed as follows (attach additional pages if necessary):
- | <u>NAME</u> | <u>RESIDENCE</u> |
|-------------|------------------|
| _____ | _____ |
| _____ | _____ |
- (7) None of the above- named persons is an employee of the Division of Capital Asset Management and Maintenance or an official elected to public office in the Commonwealth of Massachusetts, except as listed below (Check "NONE" if NONE):
- ☒ NONE
- | <u>NAME:</u> | <u>POSITION:</u> |
|--------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**DISCLOSURE STATEMENT FOR
TRANSACTION WITH A PUBLIC AGENCY CONCERNING REAL PROPERTY
M.G.L. c. 7C, s. 38 (formerly M.G.L. c. 7, s. 40J)**

- (8) The individual signing this statement on behalf of the above-named party acknowledges that he/she has read the following provisions of Chapter 7C, Section 38 (formerly Chapter 7, Section 40J) of the General Laws of Massachusetts:

No agreement to rent or to sell real property to or to rent or purchase real property from a public agency, and no renewal or extension of such agreement, shall be valid and no payment shall be made to the lessor or seller of such property unless a statement, signed, under the penalties of perjury, has been filed by the lessor, lessee, seller or purchaser, and in the case of a corporation by a duly authorized officer thereof giving the true names and addresses of all persons who have or will have a direct or indirect beneficial interest in said property with the commissioner of capital asset management and maintenance. The provisions of this section shall not apply to any stockholder of a corporation the stock of which is listed for sale to the general public with the securities and exchange commission, if such stockholder holds less than ten per cent of the outstanding stock entitled to vote at the annual meeting of such corporation. In the case of an agreement to rent property from a public agency where the lessee's interest is held by the organization of unit owners of a leasehold condominium created under chapter one hundred and eighty-three A, and time-shares are created in the leasehold condominium under chapter one hundred and eighty-three B, the provisions of this section shall not apply to an owner of a time-share in the leasehold condominium who (i) acquires the time-share on or after a bona fide arms length transfer of such time-share made after the rental agreement with the public agency is executed and (ii) who holds less than three percent of the votes entitled to vote at the annual meeting of such organization of unit owners. A disclosure statement shall also be made in writing, under penalty of perjury, during the term of a rental agreement in case of any change of interest in such property, as provided for above, within thirty days of such change.

Any official elected to public office in the commonwealth, or any employee of the division of capital asset management and maintenance disclosing beneficial interest in real property pursuant to this section, shall identify his position as part of the disclosure statement. The commissioner shall notify the state ethics commission of such names, and shall make copies of any and all disclosure statements received available to the state ethics commission upon request.

The commissioner shall keep a copy of each disclosure statement received available for public inspection during regular business hours.

- (9) This Disclosure Statement is hereby signed under penalties of perjury.

Opportunities for Inclusion, Inc.

PRINT NAME OF DISCLOSING PARTY (from Section 4, above)



AUTHORIZED SIGNATURE of DISCLOSING PARTY

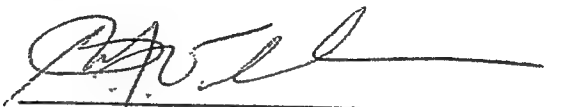
DATE (MM / DD / YYYY)

06/27/2024

Gabriel Vonleh, President and CEO
PRINT NAME & TITLE of AUTHORIZED SIGNER

CERTIFICATE OF NON-COLLUSION

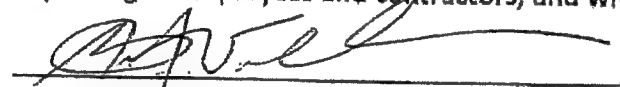
The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity or group of individuals. The undersigned certifies that no representations made by any City officials, employees, entity, or group of individuals other than the Purchasing Agent of the City of Waltham was relied upon in the making of this bid


(Signature of person signing bid or proposal) 6/27/2024
Date

Opportunities for Inclusion, Inc.
(Name of business)

I. TAX COMPLIANCE CERTIFICATION

Pursuant to M.G.L. c. 62C, & 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.


Signature of person submitting bid or proposal 6/27/2024
Date

Opportunities for Inclusion, Inc.
Name of business

NOTE

Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.



William Francis Galvin
Secretary of the
Commonwealth

The Commonwealth of Massachusetts

Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

November 27, 1996

TO WHOM IT MAY CONCERN:

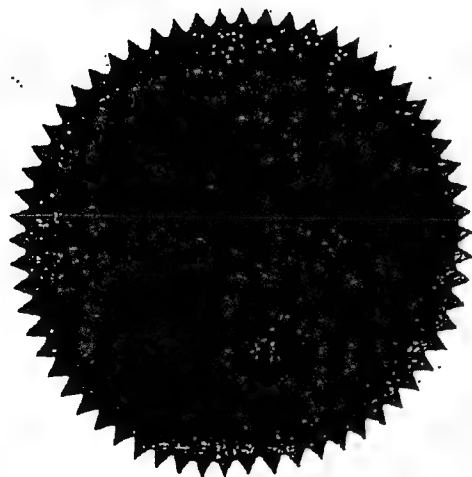
I hereby certify that according to records in this office, Waltham League for Aid to Retarded Children, Inc. was incorporated under the General Laws of this Commonwealth on December 12, 1956.

I also certify that by Articles of Amendment filed here November 7, 1958 the name of said corporation was changed to Greater Waltham Area Association for Retarded Children, Inc.

I further certify that by Articles of Amendment filed here May 24, 1971 the name of said corporation was changed to Greater Waltham Association for Retarded Children, Inc.

I also certify that by Articles of Amendment filed here January 15, 1973 the name of said corporation was changed to Greater Waltham Association of Retarded Citizens, Inc.

I also certify that so far as appears of record here said corporation still has a legal existence.



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

William Francis Galvin

Secretary of the Commonwealth

JM *MGL Chapter 156B Section 83A provides that certain consolidations and mergers may be filed with the Division within thirty days after the effective date of the merger or consolidation.

WRITE NOTHING BELOW

CORPORATIONS FOR CHARITABLE AND CERTAIN OTHER PURPOSES

Waltham League for Aid to
Retarded Children, Inc.

ARTICLES OF ORGANIZATION

GENERAL LAWS, CHAPTER 180, SECTION 7

Filed in the office of the Secretary of the Commonwealth
and Certificate of Incorporation issued

as of Dec 12, 1956, 1956.

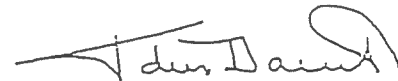
DEPARTMENT OF
CORPORATIONS AND TAXATION

DEC 12 1956

I hereby certify that, upon an examination of the within-written articles of organization, the agreement of association, and the record of the first meeting of the incorporators, including the by-laws, duly submitted to me, it appears that the provisions of the General Laws relative to the organization of corporations have been complied with, and I hereby approve said articles

this

12th day of December, 1956



Commissioner of Corporations and Taxation

DEPARTMENT OF CORPORATIONS AND TAXATION

M.
C.
L. DEC 12 1956
WITH FEE OF \$ 25

OK
TA

CHARTER TO BE SENT TO

Lucy Lane
State Licensing Commission
Boston, Massachusetts

NOTIFICATION SENT TO

Waltham, Boston n'd 5-3-57

CERTIFICATE
RECEIVED

APR 29 1957

BY SECRETARY'S OFFICE
FROM DEPARTMENT OF CORPORATIONS
AND TAXATION

116 STATE HOUSE, BOSTON

ARTICLES OF ORGANIZATION

We, Lawrence J. Lane, President, Robert J. O'Connell, Treasurer,
George J. McQuiston, Clerk or Secretary, and James F. Rynn,
Vice President and Ann R. Scalis, Salome M. Anderson and
Josephine Lucchese, Directors

being a majority of the directors (or officers having the power of directors)

of WALTHAM LEAGUE FOR AID TO RETARDED CHILDREN, INC.

PURPOSES

To form a charitable, non-profit organization of men and women of the City of Waltham and vicinity who are parents and friends of all mentally retarded children;

To promote the general welfare of all mentally retarded children of all ages, at home, in institutions and in public, private and religious schools;

To cooperate with organizations engaged in bona fide activities for the benefit of the mentally retarded;

To receive and disseminate information pertaining to the mentally retarded for the purpose of constantly improving their status;

To develop a better understanding of the problem of mental retardation by the public;

To further the training and education of personnel for work in the field of mental retardation;

To provide a source for discussion with parents of retarded children and to advise and aid parents in the solution of their problems;

To further implementation of legislation in behalf of the mentally retarded;

To provide suitable educational programs for the mentally retarded;

To develop and provide specialized teacher training for pre-school children who are mentally retarded;

To develop and provide recreational facilities for mentally retarded children;

To sponsor and promote research of causes and treatment of mental deficiency;

To assist and cooperate with other organizations in the development of plans and programs in the interest of mentally retarded children;

To acquire and/or hold real and personal property or any type of interest therein; receive and hold in trust, or otherwise, real and personal property and/or funds received by gift or bequest to be devoted to the purposes set forth;

To solicit, receive and expend funds for the accomplishment of the above purposes;

To do all things necessary and incidental thereto permissible under Chapter 180 of the General Laws of the Commonwealth of Massachusetts.

WALTHAM LEAGUE FOR AID TO RETARDED CHILDREN, INC.Signers of Agreement of Association and Articles of Organization

only for the purpose of identification of names and addresses shown

James J. Lane	42 Sharon St. Waltham, Mass.
John J. McQuiston	74 Main St. Waltham, 54, Mass.
John Scalisi	55 Dartmouth St. Waltham, 54, Mass.
John G. O'Connell	16 Emery St. Waltham, 54, Mass.
James M. Anderson	66 Circle Drive, Waltham, 54, Mass.
Josephine Lucchese	40 Dix St. Waltham, 54, Mass.
John G. Lane	42 Sharon St. Waltham, Mass.
John J. O'Connell	16 Emery St. Waltham, Mass.
John A. Anderson	66 Circle Drive, Waltham, Mass.
James P. Curtin	13 Sunset Rd. Waltham, Mass.
James P. Maloy	51 Hancock St. Boston, Mass.
John T. Fitzgerald	25 Chester Lane, Waltham, Mass.
John Ryan	65 Chester Lane, Waltham, Mass.

Josephine Lucchese 40 Dix St. Waltham 54, Mass. Pa.

The names, residences, and post office addresses of each of the officers of the corporation is as follows:

NAME	DOMICIL	POST OFFICE ADDRESS
Lawrence, J. Lane,	422 Shannon St. Waltham, Mass.	Same
Robert J. O'Connell,	162 Emory St. Waltham, Mass.	"
George J. McQuiston,	74 Main St. Waltham, Mass.	"
Vice-President James F. Flynn,	65 Chester Lane, Waltham, Mass.	"
Director		
Frank L. Sealist,	55 Westmouth St. Waltham, Mass.	"
Director		
Josephine Luccness,	40 Dix Street, Waltham, Mass.	"
Director		
Salome M. Anderson,	65 Circle Drive, Waltham, Mass.	"

BE WITNESSED WHEREOF AND UNDER THE PENALTIES OF PERJURY, we have signed our names,

this 18th day of December 1950

1950

James J. Lane President, Waltham, Mass.
Robert J. O'Connell Vice President, Waltham, Mass.
George J. McQuiston Secretary, Waltham, Mass.
James F. Flynn Treasurer, Waltham, Mass.
Frank L. Sealist Director, Waltham, Mass.
Josephine Luccness Director, Waltham, Mass.
Salome M. Anderson Director, Waltham, Mass.

CERTIFICATE OF VOTE OF AUTHORIZATION

Date: 5/30/24
I Kathleen Horrigan, Clerk of Opportunities for Inclusion Inc., hereby certify that at a meeting of the Board of Directors of Said Corporation duly held on the 21st day of May, 2024 at which time a quorum was present and voting throughout, the following vote was duly passed and is now in full force and effect:

VOTED: That Gabriel M. Vonleh (name) is hereby authorized, directed and empowered for the name and on behalf of this Corporation to sign, seal with the corporate seal, execute, acknowledge and deliver all contracts and other obligations of this Corporation; the execution of any such contract to be valid and binding upon this Corporation for all purposes, and that this vote shall remain in full force and effect unless and until the same has been altered, amended or revoked by a subsequent vote of such directors and a certificate of such later vote attested by the Clerk of this Corporation.

I further certify that Gabriel Vonleh duly elected/appointed President and
Chief Executive of said corporation
officer

SIGNED:

(Corporate Seal)

Kathleen Horrigan
Clerk of the Corporation:

Print Name: Kathleen Horrigan

COMMONWEALTH OF MASSACHUSETTS

County of Middlesex

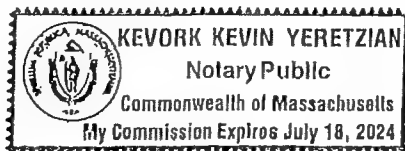
Date: 5/30/24

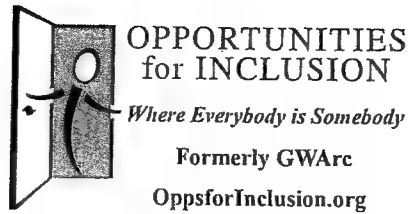
Then personally appeared the above named and acknowledged the foregoing instrument to be their free act and deed before me, Kevork Kevin Yeretzian

Notary Public;



My Commission expires: 7/18/24





Statement of Intended Use – North Nurses Building Housing for Adults with Disabilities

Opportunities for Inclusion (OFI), formerly known as Greater Waltham Arc or GWArc, is submitting this proposal to the City of Waltham for lease of the **North Nurses Building** and a portion of the land at the former Fernald State School, located at 190 Trapelo Road, Waltham.

We intend to use the North Nurses Building premises for housing for adults with disabilities. While OFI serves individuals with intellectual and developmental disabilities (I/DD), we believe that a non-discriminatory approach would be to plan for housing of individuals with a wide variety of disabilities—those with I/DD as well as those with physical and other disabilities, including visual and hearing impairments.

There is an urgent need for affordable housing for individuals with disabilities, who are all considered low-income. We believe we can help address this need through leasing and renovating the North Nurses Building to provide appealing, attractive and affordable housing options. Alternative housing arrangements with various onsite supports are an option for some individuals who are no longer able to live with their families, and typically house five individuals with full-time direct support staff. This larger building would provide for more varied housing options, onsite support and staffing models.

We envision the design/development of multiple accessible living options that would maximize use of the space: single rooms/studios, rooms for two individuals to live as roommates, or one or more individuals living with a caregiver. Some units may have a kitchenette. All will have easy access to an accessible bathroom, plus common areas for meal preparation, dining, socializing and visiting with family and friends. Staff to manage the building and to support residents will be required. Staff may live on-site or offsite; living, office and other space for staff may be required.

Please note that OFI's proposal is submitted without the opportunity to visit the North Nurses Building site to assess the property with architects and contractors. Without building and site access, we cannot accurately estimate renovation costs and the building's full potential.

Therefore, our proposal is submitted with the caveat that our plans may need to be revised following professional assessment of the building and site, and full understanding of renovation costs.

For financing/development, we will seek partnership with the Corporation for Independent Living (CIL) of Hartford, CT, as we have done with our 46 Chestnut Street renovation, as well as explore bonds, loans and other financial solutions through MassDevelopment, SalemFive and other financial services organizations.

Background

OFI currently leases and fully occupies the city owned building at 58 Chestnut Street, Waltham, and is therefore a well-known lessee of a City of Waltham property.

OFI serves individuals with intellectual and developmental disabilities and their families from Waltham and surrounding communities. Individuals' disabilities range from moderate to profound. We currently serve over 300 individuals annually in our programs. Programs include:

- Adult Day Programs (Day Habilitation, Community Based Day Supports) for individuals with moderate to profound disabilities
- Employment Training and Support Programs, with individuals employed at group sites at Brandeis and Bentley universities and at competitive jobs in the community
- School to Work Transitions Program for high school students, in collaboration with Waltham Public Schools, to assist students with challenges to move from school to work and productive life in the community
- Adult Family Care - Provides support to caregivers of individuals with disabilities or frail elders in their homes
- Recreation and Respite programs for individuals in our programs and community members, including use of a newly developed gaming lounge at our facility at 31 Woodland Road, Waltham. Programs typically run during evenings and weekends
- Residential Services - beginning Summer 2024 at the newly renovated property at 46 Chestnut Street, Waltham. Residential Services will also be provided at 15 Fiske Ave, Waltham following planned renovations to that property.
- OFI is also an approved provider of In Home Supports and Shared Living services, although we are not actively providing these services at this time

Opportunities for Inclusion's programs are committed to maximizing choice, dignity, independence, community inclusion and opportunities for people with moderate to significant cognitive, physical, intellectual and developmental disabilities. Founded in Waltham in 1956, we are now in our 68th year of providing quality programs and services.

Through our affiliation with other peer organizations in the Arc network, the Association of Developmental Disabilities Providers (ADDP) and the Providers' Council we are aware of individuals with disabilities in need of all types of housing models and can collaborate on best practices and innovative solutions.

OFI expects to cover the 3 priorities below due to the nature of servicing those who have an intellectual disability, developmental disability, physical disability and/or are on the Autism Spectrum. Our programs promote independence, inclusion, self-advocacy, self-determination, choice, Federal Community Rule objectives, cultural diversity, and the overall dignity and welfare of our participants and staff.

- **Develop housing options for individuals with complex medical, cognitive and/ or behavioral needs to live in the community**
- **Build or enhance housing models with supports for individuals with disabilities**
- **Devise an intentional community for those needing affordable housing that would be a caring supportive community**

OFI aims to achieve the following:

- Develop and implement new or enhanced innovative models of affordable housing delivery that support individual choice
- Provide innovative, high quality, person-centered services to provide supports to individuals with disabilities while providing a meaningful, safe, enjoyable living experience for the individuals
- Develop strategies that create person-centered opportunities that are gender inclusive and serve culturally, linguistically, or ethnically diverse individuals
- Develop sustainable respite programs and services to offer relief to caregivers
- Recruit and retain staff members in innovative ways
- Assess programs and evaluate outcome measures/metrics to determine efficiency and efficacy of program models

Our goal is to enable individuals with disabilities to live in their community of choice, enjoy quality of life and participate in and give back to the community.

The Artist Center in Maynard could be used as a model for expanding the affordable housing of North Nurses Building and the day programs and services of the North Building to create a unique intentional community of people with disabilities, human service workers and other groups (for example, teachers or artists). All may be interested in similar housing and have something to offer each other in return. Intentional communities represent a collective attempt to live according to shared values and goals, creating spaces of mutual support and sustainability.

In addition, the new recreational space the City of Waltham is constructing on the Fernald property and the opportunity to use land adjacent to the North Nurses Building for outdoor activities, as well as the open space and “Nature Area” within the Fernald property, will enhance the housing opportunities for individuals with disabilities with access to healthy outdoor space.

OFI seeks to be considered by the City of Waltham as an organization that can provide innovative housing solutions that can be implemented in the North Nurses Building. We believe our existing infrastructure and experience puts our organization in a unique position to provide these services.

Community Access

The Fitchburg commuter rail and buses to Boston and Cambridge are within walking distance to OFI's facility and training site at 58 Chestnut Street, which is one block from Moody Street. The North Nurses Building is also within walkable distance to Waverly Square, Belmont, which also has a commuter rail link and bus link to Cambridge and downtown Boston. Thus, the locations of both our Chestnut Street site and the North Nurses Building site provide easy community access for potential housing residents and can be supported administratively and programmatically with affordable transportation and parking. The location is very close to Routes 90, 95, 2, and 20 to name a few.

Historical Building

OFI has experience with historical buildings as a lessee of 58 Chestnut Street, which is listed on the National Historic Register. We also have experience through renovating 46 Chestnut Street,

which has historical significance. We have worked closely with the Waltham Historical Commission to obtain approval for design and renovation plans for these properties. We will ensure preservation of the historic features of the North Nurses Building exterior, with likely application for CPC funding assistance.

Our lease of the North Nurses Building will not derogate or harm the surrounding neighborhood. In fact, we hope to invite local community members to meet and get to know the individuals living there, volunteer, and potentially use some spaces in the building for community needs.

Resumes and position descriptions of all personnel of Lessee who will be responsible for supervising construction work to be performed under the Lease.

Gabriel Vonleh, Chief Executive Officer, will be responsible for supervising construction work with the assistance of an experienced construction manager, to be determined.

Gabriel Vonleh's resume and position description are attached.

GABRIEL M. VONLEH, MHA

9 Partridge Hill, Sharon, Massachusetts 02067

Telephone: 781-363-3262 (Home) – 617-981-5711 (cell) - e-mail: Vonlehs@comcast.net

Core Competencies

Mission driven and patient-centric Chief Executive with a successful track record of building and leading a high functioning management/clinical team responsible for ensuring that organizational goals are fully accomplished. Well versed at interacting with political and community leaders to secure organizational interest.

- Management of Business Partnerships
- Strategic planning and Execution
- 340B Pharmacy Program Management
- Provider Contract Management
- Customer Service Strategist
- Effective Fundraising Strategist
- Revenue Cycle Management
- Team Building/Motivation
- Patient-Centric Leadership
- Budgeting and Fiscal Management

Work Experience

Opportunities for Inclusion Waltham, MA

2019- Present

Established in 1956, Opportunities for Inclusion is a non-profit organization that provide services to children and adults with intellectual and developmental disabilities.

Chief Executive Officer

- ✓ Improved the financial standing of the organization by conducting an in-depth cash flow analysis that identified areas of improvement and reduced our days in receivables from 90 to 45 days.
- ✓ Negotiated a new contract with the city of Waltham for services rendered to students with intellectual disabilities which resulted in a 5% increase in our revenue streams.
- ✓ Systematically reorganized the leadership team to bring on staff members with more industry knowledge around the development of programs for Individuals with Intellectual and Developmental Disabilities (IDD).
- ✓ Developed new strategic plans in conjunction with the Board of Directors and staff to improve the financial viability, staff training and community partnerships of the organization.
- ✓ Brought in new services to enhance existing programs and improve revenue streams.
- ✓ Develop an active working relationship with the Mayor of Waltham and Councilmen which created a positive view of the organization by city government.
- ✓ Maintain an excellent working relationship with the Commissioner of Developmental Services for the Commonwealth of Massachusetts.
- ✓ Renegotiated all vendor contracts for more favorable terms resulting in over 25% savings.
- ✓ Through fundraising efforts and grants, established the Inclusion Learning Center that provides training for our participants and the entire Waltham community.
- ✓ Provide mentorship for senior leaders to further sharpen their interpersonal and managerial skills.
- ✓ As leader of the executive team, successfully managed the strategic plan by interfacing with government agencies to advocate for our participants.
- ✓ Developed internal performance dashboard across the organization encouraging a rapid response to problem resolution.

Vonleh Healthcare Consultant Group, LLC Manhattan, New York 2017- (on going advisory role)
Specialized healthcare consultants with a specific focus on providing Revenue Cycle Management, 340B program management, Community Outreach, Billing and Call Center Management. Services are provided primarily in Community Health Centers and hospital settings.

Senior Partner

- ✓ Recovered over 3 million in outstanding medical claims within 4 months; directing a team of Recovery Specialist (at Bronx Lebanon Hospital).
- ✓ Increased the use of out-patient services by 20% at the primary care division of the hospital; this was a direct result of an outreach strategy developed with the hospital's management team.
- ✓ Worked closely with the Martin Luther King Health Center, an affiliate of Bronx Lebanon Hospital increasing their customer service rating by 10% within 90 days which increased the number of patients seen per provider.
- ✓ Brought community leaders together to discuss the healthcare needs of the community and connected members of the Bronx Latino and African-American communities to healthcare services. Initiated a mobile clinic outreach effort that provided basic exams to over one-thousand individuals and triggered follow-up visits.
- ✓ Developed strategy for Henry J. Austin Health Center, in Trenton, New Jersey, which reduced their call center abandonment from 50% to 10%; this reduced patient complaints and increased access to care.

Morris Heights Health Center (MHHC), Bronx, NY

2015- 2017

A Federally Qualified Health Center with over 600 employees, annual budget of 70 million and a total patient population of over 56,000. The health center has over 8 locations and over 21 School Based Health Centers (SBHC)

They are one of the largest providers of primary care including eyecare, behavioral health, physical therapy, Radiology, Podiatry and gynecology. MHHC also has a foundation that provides over \$60,000 (sixty thousand dollars) in scholarships for inter-city youth on an annual basis. Established the organization's first 340B Pharmacy that generated over 5 million within less than a year. Provided subsidy for patients that could not pay for their prescription drugs

President and CEO

- ✓ Provided visionary leadership that solidified the organization's donor community which led to a fundraising Gala event that generated over \$800,000 (eight hundred thousand dollars) for the MHHC Foundation.
- ✓ Developed strategy to reorganize the entire leadership team and brought onboard high performing/experienced leaders to carryout the organization's strategic plans.
- ✓ Mobilized community and political leaders to support the first men's clinic within the Bronx with a specific focus on inner city males that did not have access to primary care. This effort resulted in a 10% increase in the number of males seeking care.
- ✓ Established the ground work for the development of several new satellite locations in to provide services in the community for individuals who were underserved. These new locations added an additional 5,000 visits annually.
- ✓ Secured over 1 million in state grants by working closely with government officials and making a case for preventative care within the inner city.
- ✓ Successfully led a team of operational and clinical leaders through a rigorous process for the 330 grant survey renewal for Health Resources and Services Administration (HRSA). Which extended the organization's FQHC status for another 3 years.
- ✓ Developed the in-house principal of the PACT (Politeness, Accountability, Commitment and Thoughtfulness) which improved employee morale, patient and staff satisfaction from 50% to 89%

Codman Square Health Center, Dorchester, MA

2011- 2015

A multi-service community health center with a total patient population of 22,630 and an annual budget of 25 million dollars. The center is well known for its integrated approach to healthcare delivery.

Chief Operating Officer

- ✓ Spearheaded the process to establish a 340B pharmacy program and provided discounted prescriptions for patients and applied saving to the center's bottom-line.
- ✓ Developed the strategy that brought in an additional 1,000 new patients within 6 months
- ✓ Worked closely with the CEO in the development and execution of the corporate goals
- ✓ Developed incentive programs for medical and specialty providers; increased provider quality and performance to 80%
- ✓ Spearheaded rate negotiations with Managed Care Organizations
- ✓ Oversaw the process for developing new policies and procedures as a result of state and federal regulations
- ✓ Worked closely with the CFO to ensure an efficient revenue cycle flow
- ✓ Led efforts to reorganize the Human Resources department and improved the on-boarding process
- ✓ Provided leadership for metrics management, and clinic/department redesigns based on weekly, monthly, quarterly data.
- ✓ Spearheaded the planning and implementation of the Electronic Medical Record system (EMR) for all-departments.

MassHealth- Commonwealth of Massachusetts, Boston, MA

2009- 2011

The largest provider of health insurance in the state of Massachusetts with a budget of 9 billion dollars and provides health coverage for over 1.9 million Massachusetts residents

Chief Operating Officer

- ✓ Received a Citation from Governor Deval Patrick for the successful implementation of the MassHealth Electronic Document Management System (which saved the State over 40 million dollars)
- ✓ Successfully planned and participated in allocating a 9 Billion MassHealth budget
- ✓ Spearheaded the cross functional team meetings to prepare for the implementation of the Affordable Care Act (ACA)
- ✓ Served on corporate committees: Such as Operations, Human Resources, Workforce Development, and Employee Wellness to remove inter-agency barriers
- ✓ Spearheaded the MassHealth patient enrollment and marketing strategies
- ✓ Advised the Secretary of Health and Human Services on MassHealth related issues

Director of MassHealth Enrollment Center

- ✓ Managed the daily functions for the Enrollment Center
- ✓ Developed strategies for ensuring that members received the best level of customer service
- ✓ Provided directions to the management team to ensure an efficient and timely processing of applications
- ✓ Spearheaded the Best Practice team for continuous improvement
- ✓ Responsible for the department's annual budget
- ✓ Developed a process for cross agency collaboration which led to a significant improvement in the enrollment process.

Thundermist Health Center, Woonsocket, RI

2007- 2009

A FQHC located in Woonsocket, RI with a patient population of 48,586. They provide medical, behavioral and eyecare services. They are the second largest community health center in Rhode Island.

Executive Director (interim)

- ✓ Developed the highest quality of comprehensive primary, public health and specialty care programs; through appropriate strategic planning, business development, clinical, operational and fiscal oversight
- ✓ Monitored provider performances in relation to their contractual obligations and developed corrective action to improve performance
- ✓ Developed a metric reporting system to ensure that all clinical units were abreast of their monthly performance
- ✓ Managed 340B Pharmacy Program and related contracts
- ✓ Directed the management of Federal Government Grants for facility expansion.
- ✓ Assisted with the efficient management of three clinical sites.

Amalgamated Insurance Company, New York, NY,

2005– 2007

Vice President of Operations & Fund Administration

- ✓ Negotiated the settlement of over 10 million in outstanding premiums and improved the overall performance of the division
- ✓ Managed the divisions annual budget of over 12 million dollars and targeted revenue generating initiatives
- ✓ Present divisional performance metrics to the Board of Directors
- ✓ Established a company wide recognition program that led to an increase in employee morale
- ✓ Maintained a close relationship with labor leaders and employer groups
- ✓ Oversaw divisions in Puerto Rico and the United States
- ✓ Developed performance expectation for department heads

Perot Systems Corp./ BCBSRI Account, Providence, RI

2000 – 2005

A national IT and Healthcare consulting company that specialized in process re-engineering, system upgrades and Revenue Cycle Management.

Director of Membership Enrollment/Customer Service

- ✓ Successfully managed the department's annual budget and strategic planning
- ✓ Supervised regulatory compliance, regulatory filings, government relations and provider network contracts
- ✓ Re-engineered the entire Enrollment Department to improve efficiency and productivity
- ✓ Enforced all government regulations for State and Federal members (including the administration of Medicare Part D)
- ✓ Spearheaded the strategy for collecting over 20 million dollars in outstanding premiums
- ✓ Managed off-shore support staff to support activities within the United States
- ✓ Increased overall customer satisfaction from 40% to 98%
- ✓ Worked nationally under the Perot System umbrella to assist hospital operations with revenue cycle related issues.
- ✓ Developed process to improve Medicare reimbursement by tracking and trending claims denial reasons.

Tufts Health Plan, Watertown, MA

1992-2005

A nationally recognized health insurance company with over 40 years' experience and commitment to providing quality/innovative health care coverage to its members. Initially hired as a supervisor at the TPL (Third Party Administration) division located in Norwell, Massachusetts and later promoted to the Customer Service Manager position.

Customer Service/Operations Manager

- ✓ Managed customer service representatives; educated members on their health benefits and resolved claims related issues.
- ✓ Ensured that member satisfaction rates were consistently kept above 80%. Developed strategy to keep call abandonment rates to an industry low of 5%.

Education

University of California, Los Angeles (UCLA) Anderson School of Management, Executive Healthcare Management Program, Los Angeles, CA- 2016

Masters in Healthcare Administration (MHA), Suffolk University, Boston, MA. Graduated with honors, 2001

BA in Political Science, with a concentration in Business Administration, Salem State University, Salem, MA 1997

Opportunities for Inclusion

JOB TITLE: Chief Executive Officer

DEPARTMENT: Administration

REPORTS TO: Opportunities for Inclusion Board of Directors

WAGE: Salary (exempt)

WORK HOURS: 40 hour work week; with additional flexible hours as needed.

SUPERVISES:

- Financial Outsourcing Company personnel
- Director of Admin and Personnel Services
- Director of Day Hab Program
- Director of Employment, CBDS and Transitions Program (CBDS)
- Director of Adult Family Care Program
- Recreation Program Manager, Volunteer Coordinator, & Training Coordinator (one person)
- Director of Marketing & Development

JOB SUMMARY

ESSENTIAL DUTIES: The Chief Executive Officer reports to the Board of Directors. S/he is responsible for fulfillment of the agency's mission and vision statements. The Chief Executive Officer has the overall responsibility and ultimate accountability for the agency: administrative, fiscal, programmatic, legal and funding compliance source and marketing. Duties include: developing and implementing Strategic Plan, Annual Operational Plan, Performance Analysis and other annual documents, agency certifications, government funding regulations, new program design and legislation which affects programs and services to individuals with developmental disabilities to assure quality programs and services, and advocating on behalf of consumers, their families and all stakeholders. Opportunities for Inclusion staff members are responsible for enhancing participant's independence, dignity, safety, and personal and self-care activities. This is done with the core principal of person centered input and choice. In all programs, human rights and responsibilities are a foundation of the agency.

MINIMUM QUALIFICATIONS:

- B.A. and Master's degrees in Business Administration, Special Education, Psychology, Vocational Rehabilitation or a related field.
- Ten years of experience administering direct care programs for persons with developmental disabilities or five years experience as chief administrator or assistant director in a related professional field and organization.
- Ability to develop and manage the whole of the organization contributing in an accountable fashion to the general community.
- Ability to define complex problems, defines appropriate plans, organize and implement solutions, integrate systems and motivate people inside and outside the agency.
- Ability to manage multiple tasks and deadlines.
- Ability to evaluate and communicate assessment results.
- Ability to communicate with diverse populations.

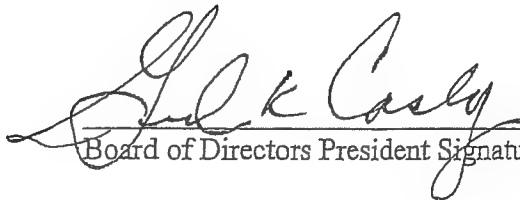
ESSENTIAL DUTIES/TASKS/RESPONSIBILITIES:

- Board of Directors
 - Maintain communication regarding agency operations – personnel, financial, facility, and long range planning.
 - Assist in acquiring and orientating new Board and Corporate Members.
 - Formulate Strategic Plan with Board.
 - Submit for Board approval – Annual Audit, Annual Board Self-Assessment, Operational Plan, Performance Analysis, and ADA Accessibility Summary.
- Strategic Planning
 - Develop and implement Strategic Plan.
 - Document and report measurable plan goals.
- Daily Operations
 - Ensure daily uninterrupted quality programs and services. Oversee Progress in Annual Operational Plan.
 - Maintain safe and respectful workplace environment for agency participants/personnel.
 - Oversee facilities upkeep-repair, improvements, safety and cleanliness.
- Personnel Supervision/Management
 - Oversee all personnel activities including hiring, training, assessments, corrective actions and terminations. Supervises staff as noted on Job Description, page one.
 - Oversee duties of Management Team.
 - Lead regular Management Team Meetings, as well as Standing Committee meetings.
 - Maintain Risk Management policy and procedure.
- Fiscal Management
 - Oversight of financial outsource company in long range, annual and monthly agency budget.
 - Interface with funding sources and seek new agency revenues.
 - Receive and review annual independent audit.
 - Maintain Risk Management Policy & Procedure.

- Policy & Procedure/Compliance Accreditation
 - Review and revise agency policy & procedure with stakeholder input.
 - Implement training plan(s) for participants/staff policy education.
 - Maintain all standards and directives for compliance with DDS, CARF, DMA, MRC and other accrediting or funding source.
- Marketing & Development
 - Plan & implement annual marketing and fundraising activities, appeals
 - Oversee marketing staff grant-writing efforts. Direct Marketing/Development Staff in above activities.
 - Seek additional revenue sources donor development, fundraising comparisons, foundation requests
 - Supervise updating of print and electronic materials, including Opportunities for Inclusion website
- Community Outreach
 - Represent Opportunities for Inclusion in community-events, media, university interface, advocacy groups, legislators and all stakeholders.
 - Attend and participate in trade organizations effort to promote positive agency image.
 - Support agency and statewide legislative efforts to improve programming for special populations.
 - Attend community service organization events.

COMMENTS:

 3/1/19
Employee Signature/Date

 3-1-2019
Board of Directors President Signature/Date

Adopted: 11/15/94
Revision: 3/19

PHYSICAL DEMANDS:

Sitting	4-5 hours per 8 hour work shift; alternates occasionally to standing and walking
Standing	2-3 hours per 8 hour work shift; alternates frequently to sitting or walking
Walking	1-2 hours per 8 hour work shift; alternates frequently to sitting or standing

FREQUENCY TERMS DEFINITION:

Never = 0%	Rarely = 1-10%	Occasionally = 11-33%
Frequently = 34-66 %	Continuously = 67 + %	

PHYSICAL DEMANDS CONTINUED:

Lifting:

WEIGHT	FREQUENCY	OBJECTS
1-10 lbs.	Continuously	Phone, paper, files, notebooks, supplies
11-20 lbs.	Occasionally	Files, equipment
21 lbs. & up	Rarely	

Carrying:

WEIGHT	FREQUENCY	OBJECTS
1-10 lbs.	Frequently	Files, paper, notebooks, supplies
11-20 lbs.	Occasionally	Files, equipment
21 lbs. & up	Rarely	
Driving	Frequently	Meetings, community events
Pushing	Rarely	
Bending	Rarely	
Squatting	Rarely	
Kneeling	Rarely	
Crawling	Never	
Climbing	Occasionally	Stairs in multi-level sites
Reaching	Frequently	
Grasping	Frequently	
Fine Manipulation	Frequently	


COMMUNICATION DEMANDS: Requires exceptional oral and written communication skills with a wide variety of people, one on one, in small groups or in large groups. Ability to communicate effectively: in public speaking situations, with Board and Corporate Members, with participants, and community members, with civic group members and political figures; with consumers and families; managers, staff and volunteers; funding sources, consultants and other agency personnel.

WORK ENVIRONMENT: 90% indoors, 10% outdoors. In Opportunities for Inclusion building and community settings.

WORK PACE: Self-paced, requiring ability to meet demands of agency in often-times fast paced, emotionally demanding work environment.

APPLICANT CAPABILITIES:

I have read the qualifications and requirements of the position. To the best of my knowledge, I believe that I can perform these duties.

NAME:  DATE: 3-1-2019

Rent Payment and Lease Term

Opportunities for Inclusion requests a lease of the North Nurses Building at a nominal fee, with the amount to be determined by the City of Waltham.

We request that the term of the lease be twenty to thirty years, to fully realize the benefits of the building renovation efforts and costs.

As mentioned previously, for financing/development, we will seek partnership with the Corporation for Independent Living (CIL) of Hartford, CT, as we have done with our 46 Chestnut Street renovation, as well as explore bonds, loans and other financial solutions through MassDevelopment, SalemFive and other financial services organizations.

Financial Information

Evidence of Opportunities for Inclusion's ability to cover all costs relating to lease of the property.

- **Letter of Support from SalemFive**
- **990-PF filings for two most recent years**



June 26, 2024

City of Waltham
610 Main Street
Waltham, MA 02452

To Who It May Concern:

This letter is to inform you that Opportunities for Inclusion, Inc. ("OFI") has been a customer of Salem Five Bank since 2023. OFI maintains several deposit accounts and a mortgage loan that are all in good standing. It has been our experience that OFI is a reputable organization that adheres to all of its obligations.

If I can be of further assistance, please do not hesitate to contact me at 978-720-5363.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cheryl DeLorenzo".

Cheryl DeLorenzo
Vice President – Commercial Division

EXTENDED TO MAY 15, 2024

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
InspectionA For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

OPPORTUNITIES FOR INCLUSION, INC.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

56 CHESTNUT STREET

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

WALTHAM, MA 02453F Name and address of principal officer: **GABRIEL M. VONLEH****SAME AS C ABOVE**

D Employer identification number

04-2441728

E Telephone number

781-899-1344

G Gross receipts \$

4,174,487.

H(a) Is this a group return

for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: **WWW.OPPSFORINCLUSION.ORG**K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ OtherL Year of formation: **1956** M State of legal domicile: **MA****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE EDUCATIONAL, EMPLOYMENT TRAINING & EMPLOYMENT SUPPORT FOR INDIVIDUALS WITH I/DD.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17
	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	82
	6	Total number of volunteers (estimate if necessary)	17
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 500,036. Current Year: 488,978.
	9	Program service revenue (Part VIII, line 2g)	3,457,263. 3,578,530.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,830. 83,575.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,677. 19,804.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,012,452. 4,170,887.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,769,281. 2,042,904.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	161,465.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,012,172. 2,006,848.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,781,453. 4,049,752.
	19	Revenue less expenses. Subtract line 18 from line 12	230,999. 121,135.
	20	Total assets (Part X, line 16)	Beginning of Current Year: 3,517,549. End of Year: 4,206,203.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	325,657. 824,491.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,191,892. 3,381,712.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	GABRIEL M. VONLEH, CEO			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	BRIAN KINDORF			
Preparer Use Only	Firm's name		Firm's EIN	PTIN
	NON PROFIT CAPITAL MANAGEMENT, LLC.		38-3697447	P01463837
Preparer Use Only	Firm's address		Phone no.	
	153 CLINTON RD, PO BOX 211 STERLING, MA 01564		781-933-6726	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒ X

- 1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO PROVIDE EDUCATIONAL, EMPLOYMENT TRAINING AND EMPLOYMENT SUPPORT TO ASSIST INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO MEET THEIR WHOLE LIFE NEEDS IN GREATER WALTHAM, MA AND SURROUNDING COMMUNITIES.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,097,171. including grants of \$) (Revenue \$ 800,719.)
 EMPLOYMENT - EMPLOYMENT SERVICES INCLUDE INDEPENDENT COMMUNITY WORK AT LOCAL BUSINESSES WITH JOB COACHING/SUPPORT, AND GROUP SUPPORTED EMPLOYMENT AT LOCAL UNIVERSITIES.

4b (Code:) (Expenses \$ 947,828. including grants of \$) (Revenue \$ 938,397.)
 DAY HABILITATION - PARTICIPANTS RECEIVE EVALUATIONS FROM THERAPISTS INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE PATHOLOGY, BEHAVIOR AND NUTRITION. THEY ALSO BENEFIT FROM INDIVIDUALIZED INSTRUCTION, STRUCTURE AND A VARIETY OF CHALLENGING ACTIVITIES IN VARIED ENVIRONMENTS. THE PROGRAM IS COMMITTED TO MAXIMIZING CHOICE, DIGNITY, INDEPENDENCE, COMMUNITY INCLUSION, AND OPPORTUNITIES FOR PEOPLE WITH SIGNIFICANT COGNITIVE, PHYSICAL AND INTELLECTUAL DISABILITIES.

4c (Code:) (Expenses \$ 990,888. including grants of \$) (Revenue \$ 1,238,664.)
 ADULT FAMILY CARE THIS PROGRAM PROVIDES MEDICAID FUNDED TAX FREE FINANCIAL SUPPORT TO FAMILIES CARING FOR THEIR ADOLESCENT/ADULT CHILD WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND/OR THE ELDERLY IN THEIR HOMES.

- 4d Other program services (Describe on Schedule O.)

(Expenses \$ 68,741. including grants of \$) (Revenue \$ 600,750.)

4e Total program service expenses 3,104,628.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	15	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	82
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

☒ X

Section A. Governing Body and Management

	1a	1b	18	17	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b Enter the number of voting members included on line 1a, above, who are independent		1b		17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?							X								
14 Did the organization have a written document retention and destruction policy?							X								
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
b Other officers or key employees of the organization										X					
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

GABRIEL H. VONLEH - 781-899-1344

56 CHESTNUT STREET, WALTHAM, MA 02453

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GABRIEL VONLEH CEO	40.00			X				159,885.	0.	32,023.
(2) JUANITA ALLEN DIRECTOR	1.00	X						0.	0.	0.
(3) KEVIN DOUGLAS DIRECTOR	1.00	X						0.	0.	0.
(4) TOM DUCA DIRECTOR	1.00	X						0.	0.	0.
(5) ROBERT GALLAGHER DIRECTOR	1.00	X						0.	0.	0.
(6) DENNIS JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(7) ANTHONY MCPHERSON DIRECTOR	1.00	X						0.	0.	0.
(8) ED SAUERWALD DIRECTOR	1.00	X						0.	0.	0.
(9) KRISTINA SMITH DIRECTOR	1.00	X						0.	0.	0.
(10) TIM STEELE DIRECTOR (LEFT 09/2022)	1.00	X						0.	0.	0.
(11) EMMA WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(12) GERARD COSBY DIRECTOR	1.00	X						0.	0.	0.
(13) HARVEY FISHER DIRECTOR	1.00	X						0.	0.	0.
(14) WESLEY COSBY DIRECTOR (JOINED 04/23)	1.00	X						0.	0.	0.
(15) BRANDON HAGOPIAN DIRECTOR (JOINED 04/23)	1.00	X						0.	0.	0.
(16) MICHAEL KENNEN DIRECTOR (JOINED 04/23)	1.00	X						0.	0.	0.
(17) SIOBHAN O'CONNELL PRESIDENT	1.00	X	X					0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHAWN D. KEEFE VICE PRESIDENT (LEFT 12/2022)	1.00	X		X				0.	0.	0.
(19) KAITLYN RILEY TREASURER	1.00	X		X				0.	0.	0.
(20) KATHY HARRIGAN SECRETARY	1.00	X		X				0.	0.	0.
1b Subtotal								159,885.	0.	32,023.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								159,885.	0.	32,023.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

1

- 3** Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NON PROFIT CAPITAL MANAGEMENT LLC, 153 CLINTON RD, P.O. BOX 211, STERLING, MA	BOOKKEEPING	177,686.
SCHINDLER ELEVATOR AND REPAIRS PO BOX 93050, CHICAGO, IL 93050	REPAIRS	138,451.
J.S.C. TRANSPORTATION, 880 MAIN STREET, 3RD FLOOR, WALTHAM, MA 02451	CLIENT TRANSPORTATION	111,055.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

3

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	44,384.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	204,318.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	240,276.			
	g	Noncash contributions included in lines 1a-1f	1g	\$			
h Total. Add lines 1a-1f				488,978.			
Program Service Revenue			Business Code				
	2 a	MEDICAID/MEDICARE	624100	2,990,046.	2,990,046.		
	b	SUPPORT SERVICES	624100	352,756.	352,756.		
	c	LAUNDROMAT REVENUE	624100	235,728.	235,728.		
	d						
	e						
	f	All other program service revenue					
g Total. Add lines 2a-2f				3,578,530.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			83,575.			83,575.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 44,384. of contributions reported on line 1c). See Part IV, line 18	8a	0.			
	b	Less: direct expenses	8b	3,600.			
	c	Net income or (loss) from fundraising events		-3,600.			-3,600.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11 a	INSURANCE PROCEEDS		21,446.	21,446.		
	b	OTHER INCOME		1,958.	1,958.		
	c						
	d	All other revenue					
e Total. Add lines 11a-11d				23,404.			
12 Total revenue. See instructions				4,170,887.	3,601,934.	0.	79,975.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	172,928.		172,928.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,464,710.	1,244,137.	131,570.	89,003.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	232,047.	174,533.	52,922.	4,592.
10 Payroll taxes	173,219.	140,116.	24,483.	8,620.
11 Fees for services (nonemployees):				
a Management				
b Legal	945.		945.	
c Accounting	30,300.		30,300.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	14,556.		14,556.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	123,625.	41,082.	114,500.	-31,957.
12 Advertising and promotion	1,515.		623.	892.
13 Office expenses	92,133.	47,759.	28,908.	15,466.
14 Information technology	22,472.		22,472.	
15 Royalties				
16 Occupancy	334,250.	261,697.	50,943.	21,610.
17 Travel	141,689.	138,810.	2,047.	832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,995.	44,069.	4,347.	2,579.
23 Insurance	41,102.	11,991.	28,380.	731.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CAREGIVER SERVICES	630,704.	630,704.		
b DIRECT CLIENT WAGES	204,219.	204,219.		
c TEMPORARY HELP	191,742.	127,828.	31,957.	31,957.
d MISCELLANEOUS	68,525.	36,030.	21,933.	10,562.
e All other expenses	58,076.	1,653.	49,845.	6,578.
25 Total functional expenses. Add lines 1 through 24e	4,049,752.	3,104,628.	783,659.	161,465.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	317,153.	1	192,164.
	2 Savings and temporary cash investments	217,042.	2	207,643.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	459,052.	4	396,681.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	51,489.	9	86,184.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,549,605.		
	b Less: accumulated depreciation	10b 1,669,682.	10c	879,923.
	11 Investments - publicly traded securities	1,863,954.	11	2,002,452.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	441,156.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,517,549.	16	4,206,203.	
Liabilities	17 Accounts payable and accrued expenses	175,657.	17	222,181.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000.	23	150,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	452,310.
	26 Total liabilities. Add lines 17 through 25	325,657.	26	824,491.
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		3,188,109.	27	3,373,918.
28 Net assets with donor restrictions		3,783.	28	7,794.
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		3,191,892.	32	3,381,712.
33 Total liabilities and net assets/fund balances		3,517,549.	33	4,206,203.

Form 990 (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,170,887.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,049,752.
3	Revenue less expenses. Subtract line 2 from line 1	3	121,135.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,191,892.
5	Net unrealized gains (losses) on investments	5	68,685.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,381,712.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number

04-2441728

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	918,854.	899,320.	281,811.	500,036.	488,978.	3088999.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	918,854.	899,320.	281,811.	500,036.	488,978.	3088999.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3088999.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	918,854.	899,320.	281,811.	500,036.	488,978.	3088999.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	90,243.	98,381.	83,126.	56,830.	83,575.	412,155.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	557.	13,260.	497,608.			511,425.
11 Total support. Add lines 7 through 10						4012579.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	76.98	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	80.20	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2018 AMOUNT: \$ 557.

2019 AMOUNT: \$ 13,260.

PPP LOAN FORGIVENESS

2020 AMOUNT: \$ 373,832.

EMPLOYEE RETENTION TAX CREDIT

2020 AMOUNT: \$ 123,776.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022Open to Public
Inspection

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number

04-2441728

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

232051 09-01-22

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- a ☐ Public exhibition
b ☐ Scholarly research

- d ☐ Loan or exchange program
e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					10,000.
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					10,000.
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment _____ %

b Permanent endowment _____ %

c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		104,559.		104,559.
b Buildings		760,090.	470,673.	289,417.
c Leasehold improvements		1,102,466.	724,909.	377,557.
d Equipment		582,490.	474,100.	108,390.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				879,923.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSETS	441,156.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	441,156.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CURRENT & LONG TERM LEASE	
(3) LIABILITIES	452,310.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	452,310.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,317,478.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	68,685.
b	Donated services and use of facilities	2b	88,862.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	3,600.
e	Add lines 2a through 2d	2e	161,147.
3	Subtract line 2e from line 1	3	4,156,331.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,556.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,556.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,170,887.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	4,127,658.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	88,862.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	3,600.
e	Add lines 2a through 2d	2e	92,462.
3	Subtract line 2e from line 1	3	4,035,196.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	14,556.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	14,556.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,049,752.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

AS OF JUNE 30, 2023, THE AGENCY BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITH ANY OF ITS OPEN TAX YEARS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 3,600.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 3,600.

Part XIII Supplemental Information *(continued)*

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number
04-2441728

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 PANCAKE HARVEST (event type)	(b) Event #2 FUNDRAISING SALES (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	44,170.	214.		44,384.
	2 Less: Contributions	44,170.	214.		44,384.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	130.			130.
	6 Rent/facility costs	1,000.			1,000.
	7 Food and beverages				
	8 Entertainment	1,925.			1,925.
	9 Other direct expenses	545.			545.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				3,600.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-3,600.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ Nob If "No," explain: _____
_____10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ Nob If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name _____

Address _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____

c If "Yes," enter name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV	Supplemental Information (continued)
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This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings on the page.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number
04-2441728

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☐ **X**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b** ☐ **X**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c** ☐ **X**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ **X**
- b** Any related organization? **5b** ☐ **X**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ **X**
- b** Any related organization? **6b** ☐ **X**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III **7** ☐ **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☐ **X**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9** ☐

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

6

Page 2

ow (ii).

(iii)

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

AN AD HOC COMMITTEE OF THE BOD, TO INCLUDE THE PRESIDENT AND SECRETARY PERFORMS DUE DILLIGENCE IN THE FORM OF COMPENSATION SURVEYS FOR LIKE-KIND ORGANIZATIONS, PERFORMANCE OF THE CEO AND BUDGET CONSIDERATIONS TO DETERMINE THE ANNUAL COMPENSATION OF THE CEO.

THE COMPENSATION OF THESE POSITIONS IS ESTABLISHED BASED ON JOB RESPONSIBILITIES OF LIKE-KIND ORGANIZATIONS, PERFORMANCE AND BUDGETARY CONSIDERATIONS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number
04-2441728

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES:

SUPPORT SERVICES - THIS PROGRAM ORGANIZES COMMUNITY BASED AND INHOUSE
ACTIVITIES FOR ADULTS, ADOLESCENTS AND CHILDREN IN THE COMMUNITY AND
FOR AGENCY PARTICIPANTS. AGENCY PARTICIPANTS AND COMMUNITY MEMBERS
JOIN TOGETHER TO LEARN TO MAKE AND INFLUENCE BETTER CHOICES IN THEIR
LIVES .

SCHOOL TO WORK TRANSITIONS - SCHOOL TO WORK TRANSITIONS IS A HIGHLY
INCLUSIVE PROGRAM WHICH IS DESIGNED TO TRANSITION STUDENTS WITH
LEARNING CHALLENGES FROM SCHOOL TO WORK AND ADULT LIFE. THIS PROGRAM
PROVIDES STUDENTS WITH OPPORTUNITIES FOR SOCIAL INCLUSION, CHOICE,
GREATER INDEPENDENCE/RESPONSIBILITY AND THE REWARD OF EARNING A
PAYCHECK.

COMMUNITY BASED DAY SUPPORTS (CBDS) PROGRAM - CBDS PROVIDES EACH PERSON
THE OPPORTUNITY TO HAVE A PERSONALIZED AND FLEXIBLE SCHEDULE OF
THERAPEUTIC AND EDUCATIONAL PROGRAMMING COMBINED WITH COMMUNITY ACCESS
INTEGRATION, SOCIAL INCLUSION, LEISURE/RECREATION ACTIVITIES AND
VOLUNTEER ACTIVITIES IN THE COMMUNITY. THE COMMUNITY BASED DAY SUPPORTS
(CBDS) PROGRAM PROVIDES EACH PERSON THE OPPORTUNITY TO HAVE A
MEANINGFUL DAY WITH ACTIVITIES OF CHOICE. THIS PROGRAM OFFERS A
PERSONALIZED/FLEXIBLE SCHEDULE, ENRICHING COMMUNITY VOLUNTEER
OPPORTUNITIES, SOCIAL INCLUSION, AS WELL AS LEISURE AND RECREATION
ACTIVITIES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number

04-2441728

SOCIAL ENTERPRISES - THE LAUNDROMAT OFFERS A PROGRAM WHERE PARTICIPANTS ARE ABLE TO LEARN AND PRACTICE EVERYDAY LIVING SKILLS SUCH AS LOADING/UNLOADING MACHINES, COUNTING COINS, INSERTING CORRECT AMOUNTS OF MONEY INTO MACHINES, FOLDING CLOTHES, SWEEPING FLOORS, WIPING MACHINES AND GREETING CUSTOMERS.

EXPENSES \$ 68,741. INCLUDING GRANTS OF \$ 0. REVENUE \$ 600,750.

FORM 990, PART VI, SECTION B, LINE 11B:

THE CFO REVIEWS THE FORM 990 AFTER THE PREPARATION BY PROFESSIONAL SERVICES FIRM (NON PROFIT CAPITAL MANAGEMENT LLC).

FORM 990, PART VI, SECTION B, LINE 12C:

THE TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ANNUALLY SIGN THE AGENCY CODE OF ETHICS

FORM 990, PART VI, SECTION B, LINE 15:

AN AD HOC COMMITTEE OF THE BOD, TO INCLUDE THE PRESIDENT AND SECRETARY PERFORMS DUE DILLIGENCE IN THE FORM OF COMPENSATION SURVEYS FOR LIKE-KIND ORGANIZATIONS, PERFORMANCE OF THE CEO AND BUDGET CONSIDERATIONS TO DETERMINE THE ANNUAL COMPENSATION OF THE CEO.

THE COMPENSATION OF THESE POSITIONS IS ESTABLISHED BASED ON JOB RESPONSIBILITIES OF LIKE-KIND ORGANIZATIONS, PERFORMANCE AND BUDGETARY CONSIDERATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, FINANACIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY

Name of the organization

OPPORTUNITIES FOR INCLUSION, INC.

Employer identification number

04-2441728

- UPON REQUEST



990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB NO. 1545-

0047
2021Open to Public
Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021, and ending 06-30-2022

- B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
OPPORTUNITIES FOR INCLUSION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
56 CHESTNUT STREETCity or town, state or province, country, and ZIP or foreign postal code
WALTHAM, MA 02453

F Name and address of principal officer:

GABRIEL M VONLEH
56 CHESTNUT STREET
WALTHAM, MA 02453

D Employer identification number

04-2441728

E Telephone number

(781) 899-1344

G Gross receipts \$ 4,014,129

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.OPPSFORINCLUSION.ORG

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☒ No

If "No," attach a list. See instructions.

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 1956

M State of legal domicile:
MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:

PROVIDE EDUCATIONAL, EMPLOYMENT TRAINING & EMPLOYMENT SUPPORT FOR INDIVIDUALS WITH I/DD.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	62
6 Total number of volunteers (estimate if necessary)	6	42
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	650,168	500,036
9 Program service revenue (Part VIII, line 2g)	1,424,565	3,457,263
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,126	56,830
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	496,389	-1,677
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,654,248	4,012,452

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,235,275	1,769,281
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) 106,263		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,129,509	2,012,172
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,364,784	3,781,453
19 Revenue less expenses. Subtract line 18 from line 12	289,464	230,999

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,939,636	3,517,549
21 Total liabilities (Part X, line 26)	640,274	325,657
22 Net assets or fund balances. Subtract line 21 from line 20	3,299,362	3,191,892

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2023-05-12
DateGABRIEL M VONLEH CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01463837
Firm's name NON PROFIT CAPITAL MANAGEMENT LLC			Firm's EIN 38-3697447	
Firm's address 153 CLINTON RD PO BOX 211 STERLING, MA 01564			Phone no. (781) 933-6726	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

THE ORGANIZATION'S MISSION IS TO PROVIDE EDUCATIONAL, EMPLOYMENT TRAINING AND EMPLOYMENT SUPPORT TO ASSIST INDIVIDUALS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES TO MEET THEIR WHOLE LIFE NEEDS IN GREATER WALTHAM, MA AND SURROUNDING COMMUNITIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 998,663 including grants of \$) (Revenue \$ 873,212)
EMPLOYMENT - EMPLOYMENT SERVICES INCLUDE INDEPENDENT COMMUNITY WORK AT LOCAL BUSINESSES WITH JOB COACHING/SUPPORT, AND GROUP SUPPORTED EMPLOYMENT AT LOCAL UNIVERSITIES.	

4b	(Code:) (Expenses \$ 699,037 including grants of \$) (Revenue \$ 927,745)
DAY HABITATION - PARTICIPANTS RECEIVE EVALUATIONS FROM THERAPISTS INCLUDING PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND LANGUAGE PATHOLOGY, BEHAVIOR AND NUTRITION. THEY ALSO BENEFIT FROM INDIVIDUALIZED INSTRUCTION, STRUCTURE AND A VARIETY OF CHALLENGING ACTIVITIES IN VARIED ENVIRONMENTS. THE PROGRAM IS COMMITTED TO MAXIMIZING CHOICE, DIGNITY, INDEPENDENCE, COMMUNITY INCLUSION, AND OPPORTUNITIES FOR PEOPLE WITH SIGNIFICANT COGNITIVE, PHYSICAL AND INTELLECTUAL DISABILITIES.	

4c	(Code:) (Expenses \$ 993,919 including grants of \$) (Revenue \$ 1,224,184)
ADULT FAMILY CARE THIS PROGRAM PROVIDES MEDICAID FUNDED TAX FREE FINANCIAL SUPPORT TO FAMILIES CARING FOR THEIR ADOLESCENT/ADULT CHILD WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND/OR THE ELDERLY IN THEIR HOMES.	

(Code:) (Expenses \$ 59,905 including grants of \$) (Revenue \$ 432,122)	
OTHER PROGRAM SERVICES:SUPPORT SERVICES - THIS PROGRAM ORGANIZES COMMUNITY BASED AND INHOUSE ACTIVITIES FOR ADULTS, ADOLESCENTS AND CHILDREN IN THE COMMUNITY AND FOR AGENCY PARTICIPANTS. AGENCY PARTICIPANTS AND COMMUNITY MEMBERS JOIN TOGETHER TO LEARN TO MAKE AND INFLUENCE BETTER CHOICES IN THEIR LIVES .SCHOOL TO WORK TRANSITIONS - SCHOOL TO WORK TRANSITIONS IS A HIGHLY INCLUSIVE PROGRAM WHICH IS DESIGNED TO TRANSITION STUDENTS WITH LEARNING CHALLENGES FROM SCHOOL TO WORK AND ADULT LIFE. THIS PROGRAM PROVIDES STUDENTS WITH OPPORTUNITIES FOR SOCIAL INCLUSION, CHOICE, GREATER INDEPENDENCE/RESPONSIBILITY AND THE REWARD OF EARNING A PAYCHECK. COMMUNITY BASED DAY SUPPORTS (CBDS) PROGRAM - CBDS PROVIDES EACH PERSON THE OPPORTUNITY TO HAVE A PERSONALIZED AND FLEXIBLE SCHEDULE OF THERAPEUTIC AND EDUCATIONAL PROGRAMMING COMBINED WITH COMMUNITY ACCESS INTEGRATION, SOCIAL INCLUSION, LEISURE/RECREATION ACTIVITIES AND VOLUNTEER ACTIVITIES IN THE COMMUNITY. THE COMMUNITY BASED DAY SUPPORTS (CBDS) PROGRAM PROVIDES EACH PERSON THE OPPORTUNITY TO HAVE A MEANINGFUL DAY WITH ACTIVITIES OF CHOICE. THIS PROGRAM OFFERS A PERSONALIZED/FLEXIBLE SCHEDULE, ENRICHING COMMUNITY VOLUNTEER OPPORTUNITIES, SOCIAL INCLUSION, AS WELL AS LEISURE AND RECREATION ACTIVITIES.SOCIAL ENTERPRISES - THE LAUNDROMAT OFFERS A PROGRAM WHERE PARTICIPANTS ARE ABLE TO LEARN AND PRACTICE EVERYDAY LIVING SKILLS SUCH AS LOADING/UNLOADING MACHINES, COUNTING COINS, INSERTING CORRECT AMOUNTS OF MONEY INTO MACHINES, FOLDING CLOTHES, SWEEPING FLOORS, WIPING MACHINES AND GREETING CUSTOMERS.	

4d Other program services (Describe in Schedule O.)

(Expenses \$ 59,905 including grants of \$) (Revenue \$ 432,122)

4e Total program service expenses 2,751,524

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization prepare separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	No
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

 Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	17
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 62			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .		3a	No	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . .		3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No	
b Enter Enter the name of the foreign country: 				
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a	No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a	No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state?		13a		
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . .		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15	No	
16 If "Yes," enter the amount of net investment income on which the organization is liable for the section 4968 excise tax on net investment income?		16	No	
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . .		17		

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	16	
b Enter the number of voting members included in line 1a, above, who are independent.	15	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	No
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed: MA
- 18** Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records:
 GABRIEL H VONLEH 56 CHESTNUT STREET WALTHAM, MA 02453 (781) 899-1344

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

◆ List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

◆ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

◆ List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GABRIEL VONLEH CEO	40.00			X				129,449	0	30,373
(2) JUANITA ALLEN DIRECTOR	1.00	X						0	0	0
(3) KEVIN DOUGLAS DIRECTOR	1.00	X						0	0	0
(4) TOM DUCA DIRECTOR	1.00	X						0	0	0
(5) ROBERT GALLAGHER DIRECTOR	1.00	X						0	0	0
(6) DENNIS JOHNSON DIRECTOR	1.00	X						0	0	0
(7) ANTHONY MCPHERSON DIRECTOR	1.00	X						0	0	0
(8) ED SAUERWALD DIRECTOR	1.00	X						0	0	0
(9) KRISTINA SMITH DIRECTOR	1.00	X						0	0	0
(10) TIM STEELE DIRECTOR	1.00	X						0	0	0
(11) EMMA WILLIAMS DIRECTOR	1.00	X						0	0	0
(12) GERARD COSBY DIRECTOR, FORMER PRESIDENT	1.00	X						0	0	0
(13) HARVEY FISHER DIRECTOR, FORMER VICE PRESIDENT	1.00	X						0	0	0
(14) SIOBHAN O'CONNELL PRESIDENT (AS OF 05/2021) & FORMER SECRETARY	1.00	X		X				0	0	0
(15) SHAWN D KEEFE VICE PRESIDENT (AS OF 05/2021)	1.00	X		X				0	0	0
(16) KAITLYN RILEY TREASURER	1.00	X		X				0	0	0
(17) KATHY HARRIGAN SECRETARY (AS OF 05/2021)	1.00	X		X				0	0	0

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Similar Amounts				
1a Federated campaigns		1a		
b Membership dues		1b		
c Fundraising events		1c	34,478	
d Related organizations		1d		
e Government grants (contributions)		1e	373,832	
f All other contributions, gifts, grants, and similar amounts not included above		1f	91,726	
g Noncash contributions included in lines 1a - 1f: \$		1g	14,500	
h Total. Add lines 1a-1f				500,036

Program Service Revenue	2a MEDICAID/MEDICARE	Business Code				
		624100	2,838,456	2,838,456		
	b SUPPORT SERVICES	624100	428,033	428,033		
	c LAUNDROMAT REVENUE	624100	190,774	190,774		
	d					
	e					
	f All other program service revenue.					
	g Total. Add lines 2a-2f.		3,457,263			
	3 Investment income (including dividends, interest, and other similar amounts)		56,830			56,830
	4 Income from investment of tax-exempt bond proceeds					
Other Revenue	5 Royalties					
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 34,478 of contributions reported on line 1c). See Part IV, line 18	8a	0			
	b Less: direct expenses	8b	1,677			
	c Net income or (loss) from fundraising events		-1,677			-1,677
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,039		154,039	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,263,089	1,002,638	196,593	63,858
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	199,166	141,631	53,637	3,898
10 Payroll taxes	152,987	125,695	21,635	5,657
11 Fees for services (non-employees):				
a Management				
b Legal	25,604		25,604	
c Accounting	29,463		29,463	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	16,279		16,279	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	330,928	79,969	236,966	13,993
12 Advertising and promotion	4,143		31	4,112
13 Office expenses	87,466	43,562	37,643	6,261
14 Information technology	18,953		18,953	
15 Royalties				
16 Occupancy	299,025	265,189	26,870	6,966
17 Travel	122,427	120,684	1,603	140
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	41,834	40,254	1,459	121
23 Insurance	38,930	11,613	27,109	208
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAREGIVER SERVICES	656,355	656,355		
b DIRECT CLIENT WAGES	235,287	235,287		
c DUES & SUBSCRIPTIONS	31,348	350	29,949	1,049
d MISCELLANEOUS	27,257	7,647	19,610	
e All other expenses	46,873	20,650	26,223	
25 Total functional expenses. Add lines 1 through 24e	3,781,453	2,751,524	923,666	106,263
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	982,712	1	317,11
	2 Savings and temporary cash investments	54,627	2	217,04
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	222,750	4	459,05
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	52,358	9	51,48
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,227,546		
	b Less: accumulated depreciation	10b 1,618,687	443,674	10c 608,85
	11 Investments—publicly traded securities	2,183,515	11	1,863,95
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,939,636	16	3,517,54	
Liabilities	17 Accounts payable and accrued expenses	116,442	17	175,65
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	150,000	23	150,00
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	373,832	25	
	26 Total liabilities. Add lines 17 through 25	640,274	26	325,65
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,294,449	27	3,188,10
	28 Net assets with donor restrictions	4,913	28	3,78
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,299,362	32	3,191,89
33 Total liabilities and net assets/fund balances	3,939,636	33	3,517,54	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)		1	4,012,452
2	Total expenses (must equal Part IX, column (A), line 25)		2	3,781,453
3	Revenue less expenses. Subtract line 2 from line 1		3	230,999
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		4	3,299,362
5	Net unrealized gains (losses) on investments		5	-338,469
6	Donated services and use of facilities		6	
7	Investment expenses		7	
8	Prior period adjustments		8	
9	Other changes in net assets or fund balances (explain in Schedule O)		9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))		10	3,191,892

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		No

Form 990 (2021)

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
Form 990

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0

2021

Open to Public Inspection

Name of the organization

OPPORTUNITIES FOR INCLUSION INC

Employer identification number

04-2441728

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university.
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year or fiscal year beginning in	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	1,052,834	918,854	899,320	281,811	500,036	3,652
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
Total. Add lines 1 through 3	1,052,834	918,854	899,320	281,811	500,036	3,652
4 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
Public support. Subtract line 5 from line 4.						3,652

Section B. Total Support

Calendar year or fiscal year beginning in	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	1,052,834	918,854	899,320	281,811	500,036	3,652
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,219	90,243	98,381	83,126	56,830	386
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI).	3,575	557	13,260	497,608		515
Total support. Add lines 7 through 10						4,554
11 Gross receipts from related activities, etc. (see instructions)					12	
12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

13 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	80.200
14 Public support percentage for 2020 Schedule A, Part II, line 14	15	82.570
33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		
33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		
10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		
10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
3b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
4c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
5b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
9b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
9c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
10b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

- a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

	Yes	No
1		
2		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

	Yes	No
1		
2		
3		

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally-Integrated Supporting Organizations

Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

1 Activities Test. Answer lines 2a and 2b below.

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by 0.035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1
2 Enter 85% of line 1	2
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4 Enter greater of line 2 or line 3	4
5 Income tax imposed in prior year	5
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting

(continued)

Section D - Distributions

Current Year

1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations
(see instructions)

(i)
Excess Distributions

(ii)
Underdistributions
Pre-2021

(iii)
Distributable
Amount for 2021

1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI) See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
1 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Part VI**Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test**Return Reference****Explanation**

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2017 AMOUNT: \$ 3,575. 2018 AMOUNT: \$ 557. 2019 AMOUNT: \$ 13,260. 2021 AMOUNT: \$ 0. PPP LOAN FORGIVENESS - 2020 AMOUNT: \$ 373,832. EMPLOYEE RETENTION TAX CREDIT - 2020 AMOUNT: \$ 123,776. 2021 AMOUNT: \$ 0.
------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Additional Data

Software ID:
Software Version:

Return to Form

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047

2021

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
OPPORTUNITIES FOR INCLUSION INC

Employer identification number

04-2441728

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continue)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance				10,000	27,250
b Contributions					10,000
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs				10,000	27,250
f Administrative expenses					
g End of year balance					10,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment
- b Permanent endowment
- c Term endowment

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations
- (ii) Related organizations

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		104,559		104,559
b Buildings		778,592	454,569	324,023
c Leasehold improvements		808,619	705,493	103,126
d Equipment		535,776	458,625	77,151
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part V, column (B), line 10(c).)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of Investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) _____		
(2) _____		
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1		Total revenue, gains, and other support per audited financial statements	1	3,767,5
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	2a	Net unrealized gains (losses) on investments	-338,469	
b	2b	Donated services and use of facilities	108,177	
c	2c	Recoveries of prior year grants		
d	2d	Other (Describe in Part XIII.)	1,677	
e		Add lines 2a through 2d	2e	-228,6
3		Subtract line 2e from line 1	3	3,996,1
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b	16,279	
b	4b	Other (Describe in Part XIII.)		
c		Add lines 4a and 4b	4c	16,2
5		Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,012,4

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1		Total expenses and losses per audited financial statements	1	3,875,02
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	2a	Donated services and use of facilities	108,177	
b	2b	Prior year adjustments		
c	2c	Other losses		
d	2d	Other (Describe in Part XIII.)	1,677	
e		Add lines 2a through 2d	2e	109,85
3		Subtract line 2e from line 1	3	3,765,17
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	4a	Investment expenses not included on Form 990, Part VIII, line 7b	16,279	
b	4b	Other (Describe in Part XIII.)		
c		Add lines 4a and 4b	4c	16,27
5		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,781,45

Part XIII**Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
ART X, LINE 2:	AS OF JUNE 30, 2022, THE AGENCY BELIEVES THAT THERE ARE NO UNCERTAIN TAX POSITIONS WITH ANY OF ITS OPEN TAX YEARS.
ART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 1,677.
ART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUE 1,677.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE G
Form 990

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization
OPPORTUNITIES FOR INCLUSION INC

Employer identification number

04-2441728

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations e ☐ Solicitation of non-government grants
b ☐ Internet and email solicitations f ☐ Solicitation of government grants
c ☐ Phone solicitations g ☐ Special fundraising events
d ☐ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through col. (c))
		TURKEY TROT (event type)	AUCTION (event type)	(total number)	
Revenue	1 Gross receipts	22,460	12,018		34,478
	2 Less: Contributions	22,460	12,018		34,478
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	44	293		337
	8 Entertainment	41			41
	9 Other direct expenses	995	304		1,299
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,677
	11 Net income summary. Subtract line 10 from line 3, column (d)				-1,677

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

1 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

2 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

3 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	
b An outside facility	13b	

4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ☐ -----

Address ☐ -----

5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ☐ \$ _____ and the amount of gaming revenue retained by the third party ☐ \$ _____.

c If "Yes," enter name and address of the third party:

Name ☐ -----

Address ☐ -----

5 Gaming manager information:

Name ☐ -----

Gaming manager compensation ☐ \$ _____

Description of services provided ☐ -----

☐ Director/officer

☐ Employee

☐ Independent contractor

7 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ☐ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Instructions	Return Reference	Explanation
--------------	------------------	-------------

Schedule G (Form 990) 2021

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-00

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
OPPORTUNITIES FOR INCLUSION INC

Employer identification number

04-2441728

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

1 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

1 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

1 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

1 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

1 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 3	AN AD HOC COMMITTEE OF THE BOD, TO INCLUDE THE PRESIDENT AND SECRETARY PERFORMS DUE DILLIGENCE IN THE FORM OF COMPENSATION SURVEYS FOR LIKE-KIND ORGANIZATIONS, PERFORMANCE OF THE CEO AND BUDGET CONSIDERATIONS TO DETERMINE THE ANNUAL COMPENSATION OF THE CEO. THE COMPENSATION OF THESE POSITIONS IS ESTABLISHED BASED ON JOB RESPONSIBILITIES OF LIKE-KIND ORGANIZATIONS, PERFORMANCE AND BUDGETARY CONSIDERATIONS.

Additional Data

Software ID:
Software Version:

Return to Form

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
OPPORTUNITIES FOR INCLUSION INC

Employer identification number

04-2441728

OMB No. 1545-0047

2021

Open to Public
Inspection

Return Reference

Explanation

FORM 990,
PART III, LINE
2

DURING FISCAL YEAR JUNE 30, 2022, OPPORTUNITIES FOR INCLUSION, INC. FORMED A WHOLLY OWNED SINGLE-MEMBER LIMITED LIABILITY COMPANY NAMED, THE EQUITY AND INCLUSION GROUP, LLC (EIG). EIG WAS FORMED FOR THE PURPOSE OF OWNING AND OPERATING A LAUNDROMAT THAT PROVIDES DEVELOPMENTALLY DISABLED INDIVIDUALS WITH EDUCATIONAL AND VOCATIONAL TRAINING AND EMPLOYMENT. INCLUDED UNDER OTHER PROGRAMS SERVICES AS SOCIAL ENTERPRISES - THE LAUNDROMAT OFFERS A PROGRAM WHERE PARTICIPANTS ARE ABLE TO LEARN AND PRACTICE EVERYDAY LIVING SKILLS SUCH AS LOADING/UNLOADING MACHINES, COUNTING COINS, INSERTING CORRECT AMOUNTS OF MONEY INTO MACHINES, FOLDING CLOTHES, SWEEPING FLOORS, WIPING MACHINES AND GREETING CUSTOMERS.

FORM 990,
PART VI,
SECTION B,
LINE 11B

THE CFO REVIEWS THE FORM 990 AFTER THE PREPARATION BY PROFESSIONAL SERVICES FIRM (NON PROFIT CAPITAL MANAGEMENT LLC).

FORM 990,
PART VI,
SECTION B,
LINE 12C

THE TRUSTEES, DIRECTORS, OFFICERS, AND KEY EMPLOYEES ANNUALLY SIGN THE AGENCY CODE OF ETHICS

FORM 990,
PART VI,
SECTION B,
LINE 15

AN AD HOC COMMITTEE OF THE BOB, TO INCLUDE THE PRESIDENT AND SECRETARY PERFORMS DUE DILLIGENCE IN THE FORM OF COMPENSATION SURVEYS FOR LIKE-KIND ORGANIZATIONS, PERFORMANCE OF THE CEO AND BUDGET CONSIDERATIONS TO DETERMINE THE ANNUAL COMPENSATION OF THE CEO. THE COMPENSATION OF THESE POSITIONS IS ESTABLISHED BASED ON JOB RESPONSIBILITIES OF LIKE-KIND ORGANIZATIONS, PERFORMANCE AND BUDGETARY CONSIDERATIONS.

FORM 990,
PART VI,
SECTION C,
LINE 19

GOVERNING DOCUMENTS, FINANACIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY - UPON REQUEST

Additional Data

Return to Form

Software ID:

Software Version:

Proposed, Detailed Program of Capital Repairs

Based on the building interior photos, we believe significant repairs and renovations will be required. However, we are not able to provide details regarding repairs and renovations until we can visit the property with an architect and contractor.

Past Projects in Which the Lessee Has Been Involved

58 Chestnut Street:

- Oversight of the modernization of the elevator at 58 Chestnut Street, using Community Development Block Grant funds allocated by the City of Waltham
- Renovation of the kitchen in the lower level of 58 Chestnut Street
- Replacement of flooring in lower level at 58 Chestnut Street
- Interior ceiling repair (due to water leaking from the roof) and interior painting

31 Woodland Road:

- Repairs of 31 Woodland Road first floor and basement due to flooding following a frozen pipe
- Design and installation of a gaming room/lounge at 31 Woodland Road.

46 Chestnut Street:

- Oversight of design and renovation of 46 Chestnut Street to provide a 5-bedroom residence/affordable housing for individuals with intellectual and developmental disabilities.

For the North Nurses Building renovations, the Chief Executive Officer will conduct a bid process, consult with the City of Waltham and hire an experienced construction manager and experienced contractors to oversee and perform all repair/renovation work. We will seek full approval from the City of Waltham and the Waltham Historical Society prior to commencement of all work.

Personal Property Inventory

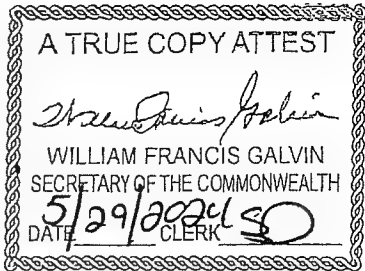
Opportunities for Inclusion will eventually house furniture for program rooms, exercise and adaptive equipment, kitchen appliances, office furniture and computer equipment at the North Nurses Building. However, these items will not be stored or housed there until repairs and renovations are complete.

The Commonwealth of Massachusetts, William Francis Galvin
Corporations Division

One Ashburton Place - Floor 17, Boston MA 02108-1512 | Phone: 617-727-9640

Annual Report

(General Laws, Chapter 180)



Filing Fee: \$15.00

Identification Number: 042441728

Filing for November 1, 2024

In compliance with the requirements of Section 26A of Chapter one hundred and eighty (180) of the General Laws:

1. Exact name of the corporation:
OPPORTUNITIES FOR INCLUSION, INC.

2. Location of its principal office:

Number and street: 56 CHESTNUT STREET

Address 2:

City or town: WALTHAM State: MA Zip code: 02453

3. Date of the last annual meeting:
1/16/24

4. State the names and street addresses of all officers, including all the directors of the corporation,

title	Individual Name	Address	Term Expires
PRESIDENT	SIOBHAN O'CONNELL	50 MORNINGSIDE ROAD NEEDHAM, MA 02492 USA	2025
TREASURER	KAITLYN RILEY	5 LLOYD ROAD NORTH READING, MA 01864 USA	2025
SECRETARY	KATHY HARRIGAN	14 HAMBLIN ROAD WALTHAM, MA 02453 USA	2026
CEO	GABRIEL VONLEH	56 CHESTNUT STREET WALTHAM, MA 02453 USA	2025
DIRECTOR	HARVEY FISHER	22 NICKERSON RD LEXINGTON, MA 02421 USA	2025
DIRECTOR	WESLEY COSBY	176 BROAD MEADOW ROAD	2026

		NEEDHAM, MA 02492 USA 176 BROAD MEADOW ROAD NEEDHAM, MA 02492 USA	
DIRECTOR	BRANDON HAGOPIAN	125 SHEFFIELD ROAD WALTHAM, MA 02451 USA 125 SHEFFIELD ROAD WALTHAM, MA 02451 USA	2026
DIRECTOR	DENNIS JOHNSON	19 INGLESIDE STREET BOSTON, MA 02125 USA	2026
DIRECTOR	EMMA WILLIAMS	571 PARK STREET BOSTON, MA 02124 USA	2026
DIRECTOR	MICHAEL KENNEN	30-3 STERLING ROAD WALTHAM, MA 02451 USA 30-3 STERLING ROAD WALTHAM, MA 02451 USA	2026
DIRECTOR	KEVIN DOUGLAS	314 FLORENCE ROAD WALTHAM, MA 02453 USA	2026
DIRECTOR	JUANITA ALLEN	A-2 FRANKLIN SQUARE RANDOLPH, MA 02363 USA	2026
DIRECTOR	GERARD COSBY	501 LEXINGTON STREET, #107 WALTHAM, MA 02452 USA 501 LEXINGTON STREET, #107 WALTHAM, MA 02452 USA	2025
DIRECTOR	ANTHONY MCPHERSON	45 FAUNCE ROAD MATTAPAN, MA 02126 USA	2026
DIRECTOR	ED SAUERWALD	56 FELTON STREET WALTHAM, MA 02453 USA	2026
DIRECTOR	KRISTINA SMITH	191 WAVERLY OAKS ROAD WALTHAM, MA 02452 USA 191 WAVERLY OAKS ROAD WALTHAM, MA 02452 USA	2026

5. Check if the corporation is a cemetery corporation that does NOT hold perpetual care funds in trust. If the corporation is a cemetery corporation that holds perpetual care funds in trust, a copy of the written instrument establishing the trust and any amendments thereto must be attached, and the annual report must be filed by facsimile, mail or in person.



Signed by GABRIEL VONLEH , its OTHER OFFICER

on this 14 Day of February, 2024

Personal Property Insurance and Insurance Certificate

The attached Certificate of Insurance is submitted as a placeholder, to demonstrate insurance coverage at 58 Chestnut Street, Waltham.

Insurance Certificate(s) demonstrating insurance at the requested limits for personal property as well as general liability, fire and property damage will be provided prior to finalizing a lease.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/25/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sallop Insurance Inc. 25 New Chardon Street Boston MA 02114-4721		CONTACT NAME: Kara Reynolds PHONE (A/C, No, Ext): (617) 488-6600 E-MAIL ADDRESS: kreynolds@sallop.com FAX (A/C, No): (617) 488-6601	
INSURED Opportunities for Inclusion, Inc. 56 Chestnut Street Waltham MA 02453		INSURER(S) AFFORDING COVERAGE INSURER A: Philadelphia Indemnity Insurance Company INSURER B: Endeavour Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** CL2452819048**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liability \$1mil/\$3mil <input checked="" type="checkbox"/> Abusive Conduct \$1mil/\$3mil GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2628915	12/18/2023	12/18/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Employee Benefits Liab \$ 1,000,000
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2628915	12/18/2023	12/18/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB890987	12/18/2023	12/18/2024	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	WCE00436008	01/03/2024	01/03/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Waltham is a Named Additional Insured for General Liability as required by Contract

CERTIFICATE HOLDER**CANCELLATION**City of Waltham
610 Main Street

Waltham

MA 02452

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Safety Plan for the Leased Premises

A robust safety plan will be developed once we are able to view the property layout and plan building renovations. The safety plan will likely include:

- Secured entrances with resident access by key or code, and visitor access by ringing a front entrance doorbell
- Security cameras around the building exterior
- Locked nurses' office(s) and cabinets where medications may be stored
- Secure location for files/medical history of individuals
- Possible fencing around the building

The following three documents are not included in the submission requirements but are in the RFP. Therefore, they are included here.

- Debarment Certification
- Corporation Identification
- Three Service Appropriate References

DEBARMENT CERTIFICATION

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non procurement programs from the Commonwealth of Massachusetts, the US Federal Government and /or the City of Waltham. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the Purchasing Agent of the City of Waltham at any time during the period of the contract or prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the City of Waltham, the contract will be cancelled and the award revoked.

Company Name Opportunities for Inclusion, Inc.


Address 58 Chestnut Street

City Waltham, State MA, Zip Code 02453

Phone Number (781) 899-1344

E-Mail Address gvonleh@oppsforinclusion.org

Signed by Authorized Company Representative:



Print name Gabriel Vonleh

Date 6/28/2024

CORPORATION IDENTIFICATION

The bidder for the information of the Awarding Authority furnishes the following information.
If a Corporation:

Incorporated in what state MA

President Siobhan O'Connell

Treasurer Kaitlyn Riley

Secretary Kathleen Horrigan

Federal ID Number 04-2441728 [Required]

If a foreign (out of State) Corporation – Are you registered to do business in Massachusetts? Yes _____ No _____

If you are selected for this work you are required under M.G.L.ch. 30S, 39L to obtain from the Secretary of State, Foreign Corp. Section, State House, Boston, a certificate stating that your Corporation is registered, and furnish said certificate to the Awarding Authority prior to the award.

If a Partnership: (Name all partners)

Name of partner _____

Residence _____

Name of partner _____

Residence _____

If an Individual:

Name _____

Residence _____

If an Individual doing business under a firm name:

Name of Firm _____

Name of Individual _____

Business Address _____

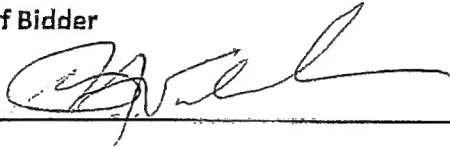
Residence _____

Date _____

Opportunities for Inclusion, Inc.

Name of Bidder

By



Signature

Chief Executive Officer

Title

58 Chestnut Street

Business Address

(POST OFFICE BOX NUMBER NOT ACCEPTABLE)

Waltham, MA 02453

781-899-1344

6/28/2024

City

State

Telephone Number,

Date

NOTE (1): This proposal must bear the written signature of the bidder. If the bidder is a partnership, a partner must sign the proposal. If the bidder is a corporation, a duly authorized officer or agent of such corporation must sign the proposal.

NOTE (2): Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.

PROVIDE THREE (3) SERVICE APPROPRIATE REFERENCES

1. Company Name: MA Department of Developmental Disabilities

Address: 465 Waverley Oaks Road, Suite 120, Waltham, MA 02452

Contact Name: Jessica Belcher, Area Director

Phone # 617-623-5950 ext. 201

Type of service/product provided to this Company: Contracted services for individuals with intellectual and developmental disabilities.

Dollar value of service provided to this Company: \$712,655

2. Company Name: Brandeis University

Address: 415 South St, Waltham, MA 02453

Contact Name: Lori Kabel, Facilities Services Director

Phone # 781-736-4348 (office); 757-846-6912 (cell)

Type of service/product provided to this Company:

Individuals in our Group Supported Employment Program and a staff member work in the Buildings & Grounds Department, cleaning and managing trash/recyclables.

Dollar value of service provided to this Company: \$122,036

3. Company Name: Harvest Table

Address: 415 South Street, Waltham, MA 02453

Contact Name: Kory Laznick, Resident District Manager

Phone # 339-205-6535 (cell)

Type of service/product provided to this Company:

Individuals in our Group Supported Employment Program and a staff member work in the cafeterias and dish rooms.

Dollar value of service provided to this Company: \$89,446

NOTE

Failure to submit any of the required documents, in this or in other sections, with your bid response package will be cause for the disqualification of your company.